

## Demographic Details

First Name

Middle Name

Last Name \*

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes  No

Date Deceased



Gender



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Do you have a Nevada Business License in your individual name?

Yes  No

Nevada BIN

Historical File Number

## Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

## Discipline / SPL

Disciplinary Action?

Yes  No

SPL?

Yes  No

Date of SPL Issuance

## Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

22100 Bothell Everett Hwy

ZIP / Postal Code

98021

Address Line 2

State / Province

Washington

City

Bothell

Country

United States



County

Snohomish

Is your physical address different from your mailing address?

Yes  No

Public Phone

# (855) 687-7237

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)


County (Mailing)

County (Mailing)



## Application Status

Applicant \*


 

Application Number

License Issued?

Yes  No

Application Status

Assigned To

Manual Paper Application?

Yes  No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

## Application Details

Application Type

Application Date \*

Reviewed Date

Decision Date

Submitted Date



Approved Date



Application Step

#

Expiration Date



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

## Invoices

Application Invoice



Licensure Invoice



Application Payment Date



Licensure Payment Date



## Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes  No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes  No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes  No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes  No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes  No

### Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes  No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes  No

## Military Service Details

Licensee / Applicant \*

Harshany, Mark Lawrence



Military Occupation Specialty \*

Medical Services



End Date

Dec-31-2015



Are you still serving?

Yes  No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes  No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes  No

Branch of Service \*

U.S. Army



Start Date \*

Oct-16-1990



Application

Application - - Harshany, Mark Lawrence



Have you ever served on active duty in the Armed Forces of the United States?

Yes  No

Did you separate from service under conditions other than dishonorable?

Yes  No

## Examination Details

Licensee / Applicant \*

Harshany, Mark Lawrence



Attended Date

Jun-06-2001



Number of Attempts

# 1

Application

Application - - Harshany, Mark Lawrence



Location

Result

215

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date





## Examination Details

Licensee / Applicant \*

Harshany, Mark Lawrence



Attended Date

Aug-26-2002



Number of Attempts

# 1

Application

Application - Harshany, Mark Lawrence



Location

Result

205

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

Step 2 (ck)

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

Harshany, Mark Lawrence



Attended Date

Nov-16-2004



Number of Attempts

# 1

Application

Application - Harshany, Mark Lawrence



Location

Result

194

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

Step 3

Certificate Number

Exam Date




Expiration Date



## Board Certification Details

Licensee / Applicant

Harshany, Mark Lawrence  

Specialty

Radiology, Diagnostic  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Jun-03-2008 

Recertification Date

Jan-01-2019 

Certification Number

55911

Archive Program

Historical Specialty

## Connected Record

Application

Application - Harshany, Mark Lawrence 

## Education Details

Licensee/Applicant \*

Harshany, Mark Lawrence



Address

4301 Jones Bridge Road

City

Bethesda

State / Province

Maryland

Zip / Postal Code

20814

Country

United States



Application

Application - Harshany, Mark Lawrence



Specialty Type



Name of School

Uniformed Services University of the H.

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Aug-23-1999



Date To

May-17-2003



Did you graduate from the program?

Yes  No

Graduation Date

May-17-2003



Major Program

## Postgraduate Training Details

Licensee / Applicant \*

Harshany, Mark Lawrence 

Program Type \*

Residency 

Date From

Jul-01-2004 

Name of School or Institution

Brooke Army Medical Center

Specialty Type


Radiology, Diagnostic 

Other (Specialty)

Training Status \*

Completed 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2008 

Application

Application - Harshany, Mark Lawrence 

Historical Major Program

Historical Degree Attained

## Location Details

City

Fort Sam Houston

State / Province

Texas

County



Street Address 1

Zip / Postal Code

Country



## Postgraduate Training Details

Licensee / Applicant \*

Harshany, Mark Lawrence 

Program Type \*

Internship 

Date From

Jul-01-2003 

Name of School or Institution

Brooke Army Medical Center

Specialty Type


Transitional 

Other (Specialty)

Training Status \*

Completed 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2004 

Application

Application - Harshany, Mark Lawrence 

Historical Major Program

Historical Degree Attained

## Location Details

City

Fort Sam Houston

State / Province

Texas

County



Street Address 1

Zip / Postal Code

Country



Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑ ▼
Harshany, Mark Lawrence	A122371	N/A	Aug-03-2012	Feb-29-2024	California
Harshany, Mark Lawrence	C1-0011483	N/A	Sep-02-2015	Mar-31-2023	Delaware
Harshany, Mark Lawrence	ME105365	N/A	Aug-19-2009	Jan-31-2024	Florida
Harshany, Mark Lawrence	061890	N/A	Nov-07-2008	Feb-28-2023	Georgia
Harshany, Mark Lawrence	01060828A	N/A	Jun-07-2005	Oct-31-2023	Indiana
Harshany, Mark Lawrence	D73935	N/A	Jun-24-2010	Feb-28-2022	Kentucky
Harshany, Mark Lawrence	43591	N/A	Jun-24-2010	Feb-28-2023	Kentucky
Harshany, Mark Lawrence	MD20726	N/A	Aug-24-2015	Feb-28-2023	Maine
Harshany, Mark Lawrence	D73935	N/A	Apr-10-2012	Sep-30-2022	Maryland
Harshany, Mark Lawrence	4301101162	N/A	Jun-07-2012	Jan-31-2022	Michigan
Harshany, Mark Lawrence	4301101162	N/A	Jun-07-2012	Jun-07-2025	Michigan
Harshany, Mark Lawrence	24308	N/A	Apr-05-2016	Jun-30-2022	Mississippi
Harshany, Mark Lawrence	MED-PHYS-LIC-43186	N/A	Oct-20-2015	Mar-31-2023	Montana
Harshany, Mark Lawrence	28796	N/A	Sep-04-2015	Oct-01-2022	Nebraska
Harshany, Mark Lawrence	17304	N/A	Oct-07-2015	Jun-30-2023	New Hampshire
Harshany, Mark Lawrence	255354	N/A	Nov-04-2009	Jan-31-2023	New York
Harshany, Mark Lawrence	2009-00331	N/A	Aug-12-2015	Feb-26-2022	North Carolina
Harshany, Mark Lawrence	35.095843	N/A	Aug-04-2010	Jun-10-2022	Ohio
Harshany, Mark Lawrence	MD438208	N/A	Aug-19-2009	Dec-31-2022	Pennsylvania
Harshany, Mark Lawrence	MD31055	N/A	Jul-03-2008	Jun-30-2023	South Carolina
Harshany, Mark Lawrence	53295	N/A	Sep-11-2015	Feb-28-2023	Tennessee
Harshany, Mark Lawrence	Q4763	N/A	Jun-12-2015	Aug-31-2023	Texas
Harshany, Mark Lawrence	BP10023979	N/A	Jul-05-2005	Jun-30-2008	Texas
Harshany, Mark Lawrence	8581139-1205	N/A	Mar-19-2013	Jan-31-2022	Utah
Harshany, Mark Lawrence	042.0013283	N/A	Oct-07-2015	Nov-30-2022	Vermont

Harshany, Mark Lawrence	101271416	N/A	Jan-22-2021	Feb-29-2024	Virginia
Harshany, Mark Lawrence	42.0013283	N/A	Oct-07-2015	Nov-30-2022	Virginia
Harshany, Mark Lawrence	MD60527633	N/A	Jan-29-2015	Feb-26-2024	Washington
Harshany, Mark Lawrence	26705	N/A	Sep-14-2015	Jun-30-2022	West Virginia
Harshany, Mark Lawrence	10330A	N/A	Oct-09-2015	Jun-30-2022	Wyoming

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Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	Percent Clin ▼
Harshany, Mark Lawrence	N/A	May-13-2003	Jun-30-2003	0
Harshany, Mark Lawrence	Brooke Army Medical Center	Jul-01-2003	Jun-30-2004	100
Harshany, Mark Lawrence	Brooke Army Medical Center	Jul-01-2004	Jun-30-2008	100
Harshany, Mark Lawrence	Essential Diagnostics - Business Closed	Jul-03-2008	Mar-01-2010	100
Harshany, Mark Lawrence	MedQuest Associates	Jul-03-2008	Apr-01-2016	100
Harshany, Mark Lawrence	U.S. Army Moncreaif Hospital	Jul-03-2008	Dec-31-2015	100
Harshany, Mark Lawrence	StaffCare	Jun-02-2009	Nov-28-2014	100
Harshany, Mark Lawrence	Vesta Teleradiology (Presently Employeed)	Sep-01-2010	Oct-19-2021	100
Harshany, Mark Lawrence	Radisphere National Radiology Group	Nov-24-2010	Nov-10-2013	100
Harshany, Mark Lawrence	TeleRad MD (Telerad IT)	Dec-01-2014	Aug-01-2015	100
Harshany, Mark Lawrence	Experity Teleradiology FKA Teleradiology Specialists (Presently Employed)	May-05-2015	Oct-19-2021	100
Harshany, Mark Lawrence	Direct Radiology, PLLC (Presently Employed)	Aug-01-2015	Oct-19-2021	100

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FORM B

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

### LIST OF MALPRACTICE INSURANCE CARRIERS

If you answered in the affirmative to being named in a malpractice case or a settlement has been payed on your behalf, list all malpractice carriers.

<b>Name of Insured:</b>	Mark L. Harshany, MD
<b>Insurance Company:</b>	National Fire & Marine Insurance Co
<b>Address:</b>	*All verification requests come through Direct Radiology and will be provided primary source.
<b>Phone Number:</b>	855-687-7237
<b>Fax Number:</b>	855-673-9190
<b>Policy Number:</b>	
<b>Dates:</b>	3/22/2021 - 3/2/2022 (retro 8/1/2015)
<b>Insurance Company:</b>	MedChoice Risk Retention Group
<b>Address:</b>	1301 2nd Ave., Suite 2700 P.O. Box 91220, Seattle, WA 98111
<b>Phone Number:</b>	713-490-4679
<b>Fax Number:</b>	713-343-5025
<b>Policy Number:</b>	
<b>Dates:</b>	3/17/2021 to 3/17/2022 (Retro 9/15/2010)
<b>Insurance Company:</b>	ProSelect Insurance Company
<b>Address:</b>	11550 Fuqua, Suite 205 Houston, TX 77034
<b>Phone Number:</b>	281-674-1436
<b>Fax Number:</b>	281-674-1476
<b>Policy Number:</b>	
<b>Dates:</b>	3/15/2021 to 3/15/2022 (Retro 5/11/2015)
<b>Insurance Company:</b>	PPIC, A Covery's Company
<b>Address:</b>	8511 S. Sam Houston Pkwy. E., Suite 200 Houston, TX 77075
<b>Phone Number:</b>	281-674-1436
<b>Fax Number:</b>	281-674-1476
<b>Policy Number:</b>	
<b>Dates:</b>	3/15/2020 to 3/15/2021 (Retro 5/11/2015)
<b>Insurance Company:</b>	Norcal Specialty Insurance
<b>Address:</b>	1700 Bent Creek Blvd. Mechanicsburg, PA 17050-0787
<b>Phone Number:</b>	844-466-7885
<b>Fax Number:</b>	717-796-8080
<b>Policy Number:</b>	
<b>Dates:</b>	5/11/2018 to 5/11/2019 (Retro 5/11/2015)

(If more space is needed, please copy this page or attach a separate sheet.)

**LIST OF MALPRACTICE INSURANCE CARRIERS**

If you answered in the affirmative to being named in a malpractice case or a settlement has been payed on your behalf, list all malpractice carriers.

**Name of Insured:** Mark L. Harshany, MD

**Insurance Company:** Axis Surplus Insurance Co.

**Address:** 7585 O'Donovan Road

**Phone Number:** 805-238-6533

**Fax Number:** 805-238-9333

**Policy Number:** \_\_\_\_\_

**Dates:** 5/11/2016 to 5/1/2018 (Retro 5/11/2015)

**Insurance Company:** Mt. Hawley Insurance Co. (RUAL)

**Address:** 3700 Buffalo Speedway, Ste. 300

**Phone Number:** 713-874-8800

**Fax Number:** 832-494-2349

**Policy Number:** \_\_\_\_\_

**Dates:** 4/23/2015 to 4/23/2016 (Retro 4/23/2013)

**Insurance Company:** Medical Protective

**Address:** 5814 Reed Road

**Phone Number:** 800-463-3776

**Fax Number:** 800-398-6726

**Policy Number:** \_\_\_\_\_

**Dates:** 1/16/2015 to 8/11/2015 (Retro 3/5/2011)

**Insurance Company:** Medical Protective

**Address:** 5814 Reed Road

**Phone Number:** 800-463-3776

**Fax Number:** 800-398-6726

**Policy Number:** \_\_\_\_\_

**Dates:** 8/11/2011 to 11/10/2013 (Retro 3/5/2011)

**Insurance Company:** Marsh IAS Management Svcs (Bermuda) Ltd.

**Address:** 3480 Preston Ridge Rd., Ste. 600

**Phone Number:** 678-992-7229

**Fax Number:** 678-992-7429

**Policy Number:** \_\_\_\_\_

**Dates:** 5/1/2015 to 5/1/2016

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**LIST OF MALPRACTICE INSURANCE CARRIERS**

If you answered in the affirmative to being named in a malpractice case or a settlement has been payed on your behalf, list all malpractice carriers.

**Name of Insured:** Mark L. Harshany, MD

**Insurance Company:** National Fire & Marine Insurance Co. (RUAL)

**Address:** 3700 Buffalo Speedway, Ste. 300  
Houston, TX 77098

**Phone Number:** 713-874-8800

**Fax Number:** 832-494-2349

**Policy Number:** \_\_\_\_\_

**Dates:** 6/15/2008 to 6/15/2009 (Retro: 6/15/2007)

**Insurance Company:** Lexington Insurance Company

**Address:** 8880 Cal Center Drive, Ste. 450  
Sacramento, CA 95826

**Phone Number:** 713-914-3239

**Fax Number:** 713-914-3250

**Policy Number:** \_\_\_\_\_

**Dates:** 6/4/2009 to 6/4/2010 (Retro: 12/31/2003)

**Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

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**MEDICAL EXAMINERS**

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## Specialty Details

Licensee / Applicant \*

Harshany, Mark Lawrence



Effective Date

Jun-03-2008



Application

Application - Harshany, Mark Lawrence



Primary Specialty?

Yes  No

Specialty Type \*

Radiology, Diagnostic



Other (Specialty)

End Date



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Ordinal ↑	Licensee/Applicant	Declaration Question	Answer
N/A	Mark Harshany	MD – Q13 – Investigation – Respond To/Notify Of	Yes
N/A	Mark Harshany	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
N/A	Mark Harshany	MD – Q11 – Voluntarily Surrendered a License	No
N/A	Mark Harshany	MD – Q9 – Medical License Revoked	No
N/A	Mark Harshany	ALL – Q6 – Malpractice Claim Paid	Yes
N/A	Mark Harshany	MD – Q8 – Denied License / Permission to Practice Medicine	No
N/A	Mark Harshany	MD, Previously applied for licensure in Nevada.	No
N/A	Mark Harshany	MD – Investigation Disciplinary during Training Program	No
N/A	Mark Harshany	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
N/A	Mark Harshany	ALL – Q7 – Arrest Question	Yes
N/A	Mark Harshany	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
N/A	Mark Harshany	MD, PA – Q2 – Medical Condition Field of Practice	No
N/A	Mark Harshany	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
N/A	Mark Harshany	MD – Q12 – Denied Membership	No
N/A	Mark Harshany	MD, PA – Q10 – Controlled Substance Registration	No
N/A	Mark Harshany	ALL – Q5 – Named Defendant Respond to Legal Action	Yes

---

## Declaration Question

Name

ALL – Q5 – Named Defendant Respond to

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

Yes  No

Section Ordinal

# 5

Yes is the desired answer (no explanation required if answering Yes)

Yes  No

No explanation required (only has one answer)

Yes  No

This question requires an explanation for any answer

Yes  No

# Declaration

Licensee/Applicant

Harshany, Mark Lawrence 

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action 

Answer

Yes  No

Ordinal

#

Declaration Text

## Related To

Application

Application - Harshany, Mark Lawrence 

Renewal





## Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

Yes  No

Section Ordinal

# 6

Yes is the desired answer (no explanation required if answering Yes)

Yes  No

No explanation required (only has one answer)

Yes  No

This question requires an explanation for any answer

Yes  No

## Declaration

Licensee/Applicant

Harshany, Mark Lawrence



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes  No

Ordinal

#

Declaration Text

## Related To

Application

Application - Harshany, Mark Lawrence

Renewal



## Declaration Question

Name

ALL – Q7 – Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

**Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.**

No explanation required (only has one answer)

Yes  No

Section Ordinal

# 7

Yes is the desired answer (no explanation required if answering Yes)

Yes  No

No explanation required (only has one answer)

Yes  No

This question requires an explanation for any answer

Yes  No

## Declaration

Licensee/Applicant

Harshany, Mark Lawrence [↗](#)

Declaration Question

ALL – Q7 – Arrest Question [↗](#)

Answer

Yes  No

Ordinal

#

Declaration Text

## Related To

Application

Application - Harshany, Mark Lawrence [↗](#)

Renewal

[↗](#)

## Declaration Question

Name

MD – Q13 – Investigation – Respond To/No

Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

No explanation required (only has one answer)

Yes  No

Section Ordinal

# 13

Yes is the desired answer (no explanation required if answering Yes)

Yes  No

No explanation required (only has one answer)

Yes  No

This question requires an explanation for any answer

Yes  No

## Declaration

### Licensee/Applicant

Harshany, Mark Lawrence



### Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



### Answer

Yes  No

### Ordinal

#

### Declaration Text

## Related To

### Application

Application - [redacted] - Harshany, Mark Lawrence

### Renewal





**ATTENTION APPLICANT!**  
**RESPONSIBILITY STATEMENT**

**Please sign and return this statement with your application for licensure to:  
The Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521**

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

**ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.**

If you have *any* questions about your application, **ASK YOUR LICENSING SPECIALIST.** Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Mark L. Harshany, MD

Sign your name \_\_\_\_\_

Date 28 Dec 21

**RECEIVED**

**JAN 20 2022**

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.